

Name  
in  
Full

Mary Billingsley

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Near *Shane*<sup>County</sup> *Harford*

Date

of death

1907

Month

*April*

Day

*14*

Age

<sup>Years</sup>*About 49 years*

Months

Days

Sex

*Female*Color or  
Race*Negro*Birth-  
place*Maryland*

Occupation

*Servant*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Thomas Billingsley*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Rusan Wilson*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Joseph C. Howard*How related  
to deceased*none*

## CAUSES OF DEATH

**27**

Primary

*Acute Tuberculosis*

How long

*three months*

Immediate

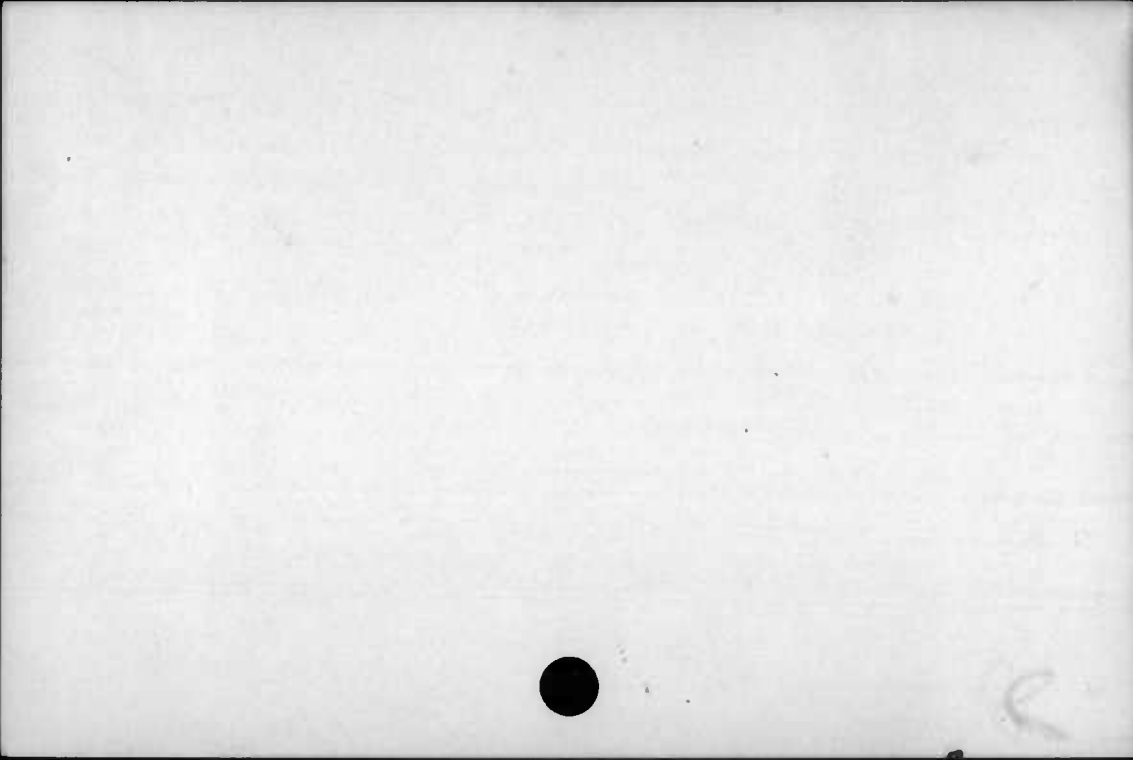
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W. Millard Stirling*

Address

*Shane**Med*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William H. Bosley

CERTIFICATE OF DEATH

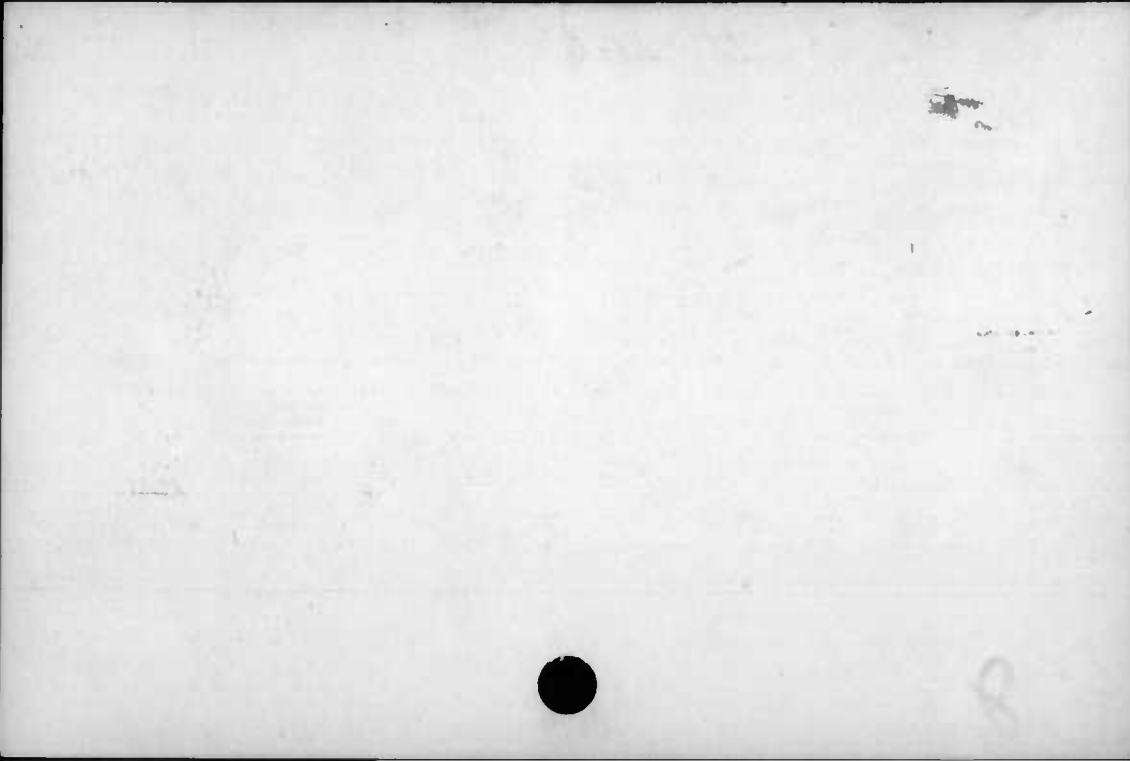
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Jerusalem</i>		Town <i>Storford</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>25</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Beth Co Md</i>				
Occupation <i>none</i>		Where Residing if not at place of death <i>near place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>William S Bosley</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Sarah Ann Duck</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Stephen W. Bosley</i>		How related to deceased <i>Replow</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>La Grippe &amp; Pneumonia</i>	How long	<i>about 1 month</i>
Immediate	<i>General debility &amp; se</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Bosley M.D.</i>	
		Address <i>Hanksville Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1907	Month	4	Day	12	Age	Years
Sex	Female	Color or Race	White	Birthplace	Halltown	Months	Days
Occupation	Druggist	Where Residing If not at place of death		" " "			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Unknown			Father's Birthplace		Md	
Mother's Maiden Name	Amanda Brown			Mother's Birthplace		Md	
Name of person giving information	" "			How related to deceased		Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stillborn	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Street</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND							
Date of death	1907	Month	4	Day	12	Age	25	Months		Days	
Sex	male		Color or Race	white		Birth-place	md.				
Occupation	Farmer			Where Residing if not at place of death							
Married, <del>single</del> or <del>Widowed</del>				Name of Wife or Husband <i>Emma. Carr</i>							
Father's Name	<i>W. Carr</i>			Father's Birthplace			<i>md.</i>				
Mother's Maiden Name	<i>Elizabeth Christy</i>			Mother's Birthplace			<i>md.</i>				
Name of person giving information	<i>Alfred Phelps</i>			How related to deceased			<i>Brother-in-law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long	27
Immediate	<i>Pulmonary Tuberculosis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Tobias</i>		
		Address <i>Castleton, Md.</i>		
Accident or Suicide?				

Enoy. 4-15-07



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Calvin Cole

Died at *Locus Hill* <sup>Town</sup>*Hartford* <sup>County</sup>

MARYLAND

Date  
of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
placeMarried, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

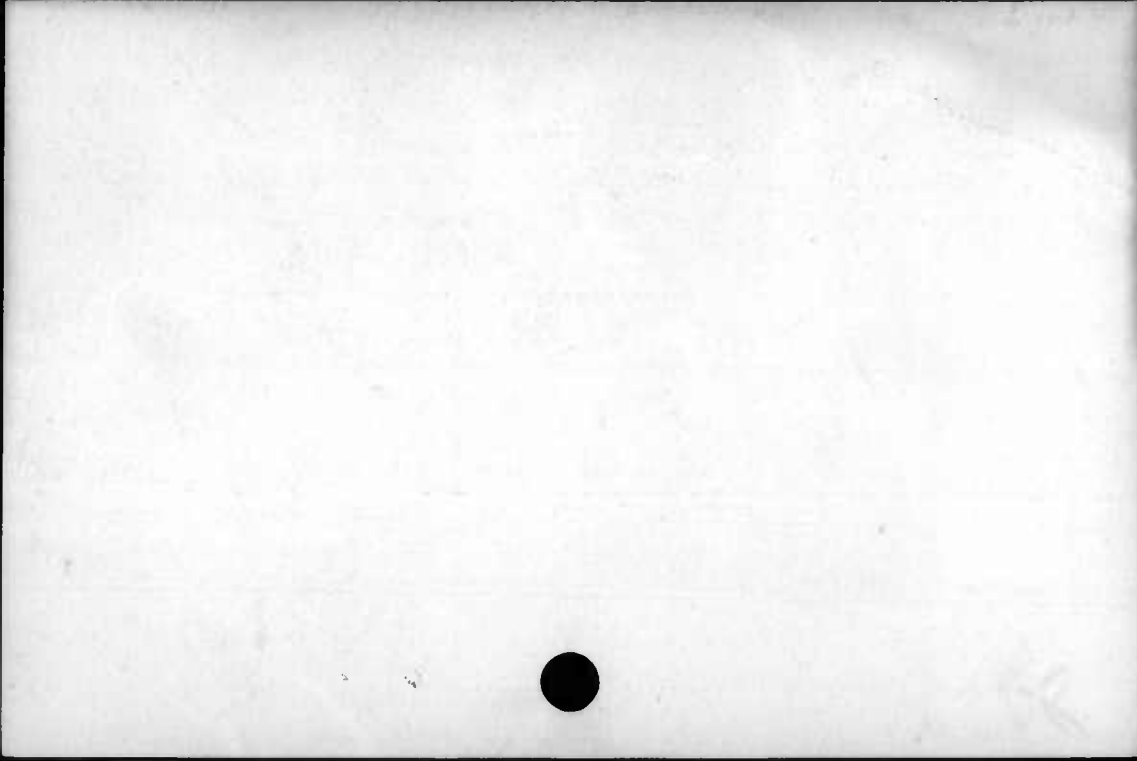
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Grace

Cottle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belecamp</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>22</i>	Years <i>14</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Belecamp</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i>			
Father's Name <i>Edwin Cottle</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Lizzie Mc Abee</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Edward Cottle</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary	<i>Remittent Fever</i>	How long	<i>One week</i>
Immediate	<i>Heart Clot</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Oppermann</i>	
		Address <i>Abingdon</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Isaac S. Dick*

Town *Seabroagh* County *Harford* MARYLAND

Died at *Seabroagh*

Date of death *1907* Month *April* Day *3* Age *31* Years Months *8* Days *24*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Sawyer* Where Residing if not at place of death \_\_\_\_\_

Married, ~~Single~~ *Married* Name of Wife or Husband *Estella Dick*

Father's Name *Chas Dick* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth McCann* Mother's Birthplace *Ind*

Name of person giving information *Estella Dick* How related to deceased *Wife*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dublin Ind.

4-5-07.

Name  
in  
Full

Ellen Evans

CERTIFICATE OF DEATH

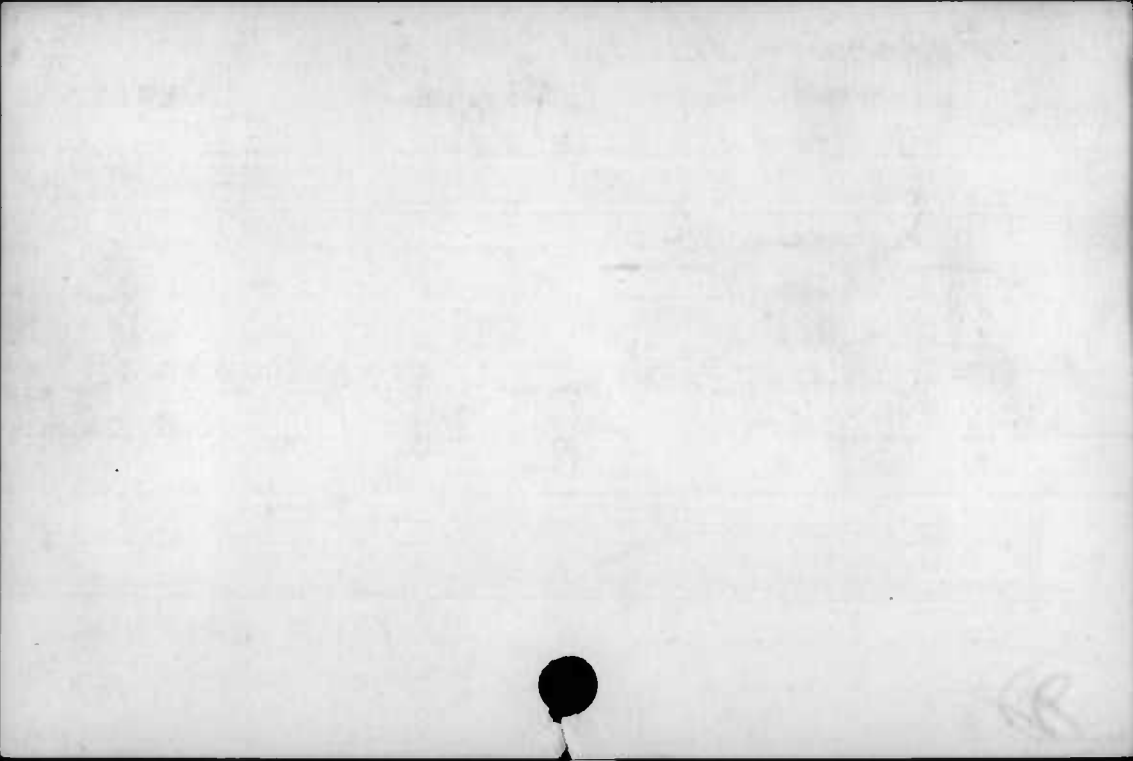
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>22nd</i>	Age <i>85</i> Years	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Cecil Co.</i>		
Occupation <i>House work</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widowed</i>	Name of <del>Victim</del> Husband <i>John T. Evans</i>				
Father's Name <i>Abraham Watson</i>	Father's Birthplace <i>Cecil Co.</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Wagner</i>	Name of person giving information <i>Mr. Winfield Evans</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>About 2 yrs</i>
Immediate <i>Dropsey &amp; General debility</i>	How long <i>3 or 4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. G. Smith</i>
	Address <i>Boone de Grace Md.</i>
Accident or Suicide? <i>-</i>	





Name  
in  
Full

*Lawson Harris*

CERTIFICATE OF DEATH

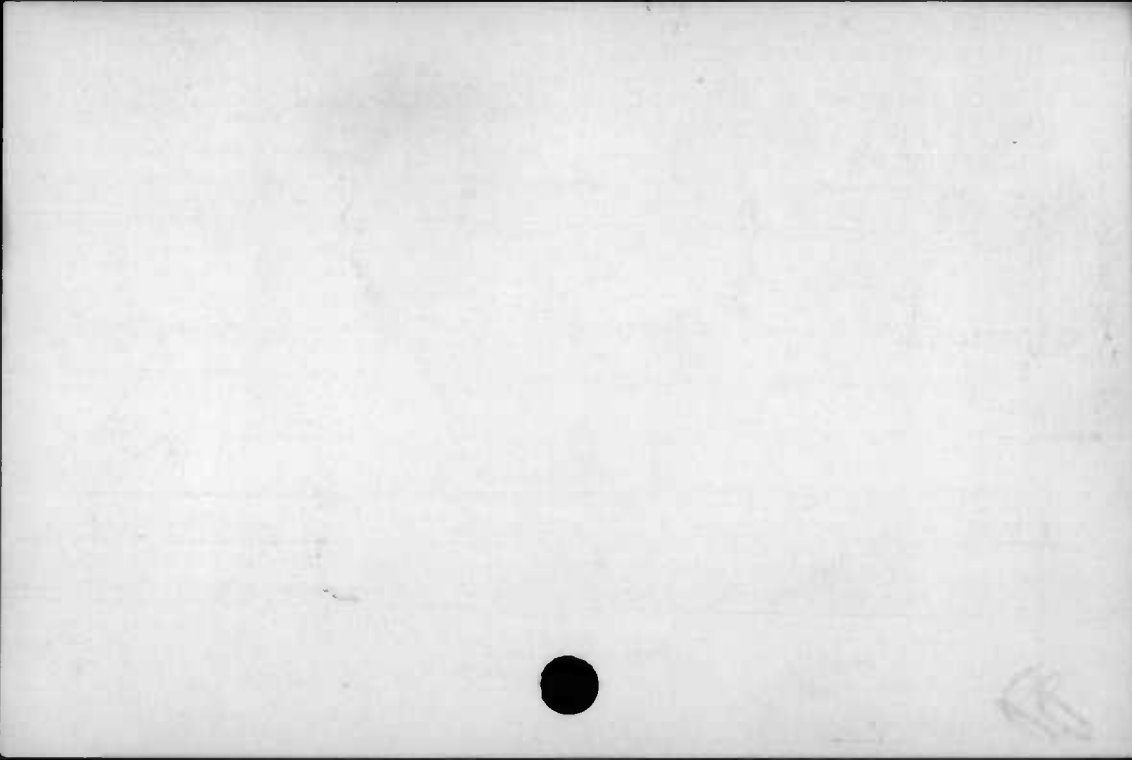
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harre de Grace</i>		County <i>Harford Co</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>April</i>	<i>28</i>	<i>80</i>		
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Harford Co Md</i>		
Occupation <i>Labor</i>	Where Residing if not at place of death <i>at relatives home</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Hazzard Harris</i>	Father's Birthplace <i>Harford Co</i>				
Mother's Maiden Name <i>Millie Pugh</i>	Mother's Birthplace <i>Harford Co</i>				
Name of person giving information <i>Lor. Malachi Harris</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>(66)</i>
Immediate <i>did not see in last year</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Parrot</i>
	Address <i>Harre de Grace</i>
Accident or Suicide?	



### CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at		Haire de Grace		Harford		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death	1907	April	17	18	—	—			
Sex	Female		Color or Race	Black		Birth-place	Harford co.		
Occupation	Laborer			Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Charles Jones					Father's Birthplace	Harford Co.		
Mother's Maiden Name	Hart Preston					Mother's Birthplace	" "		
Name of person giving information	Charles Jones					How related to deceased	" "		

### CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary

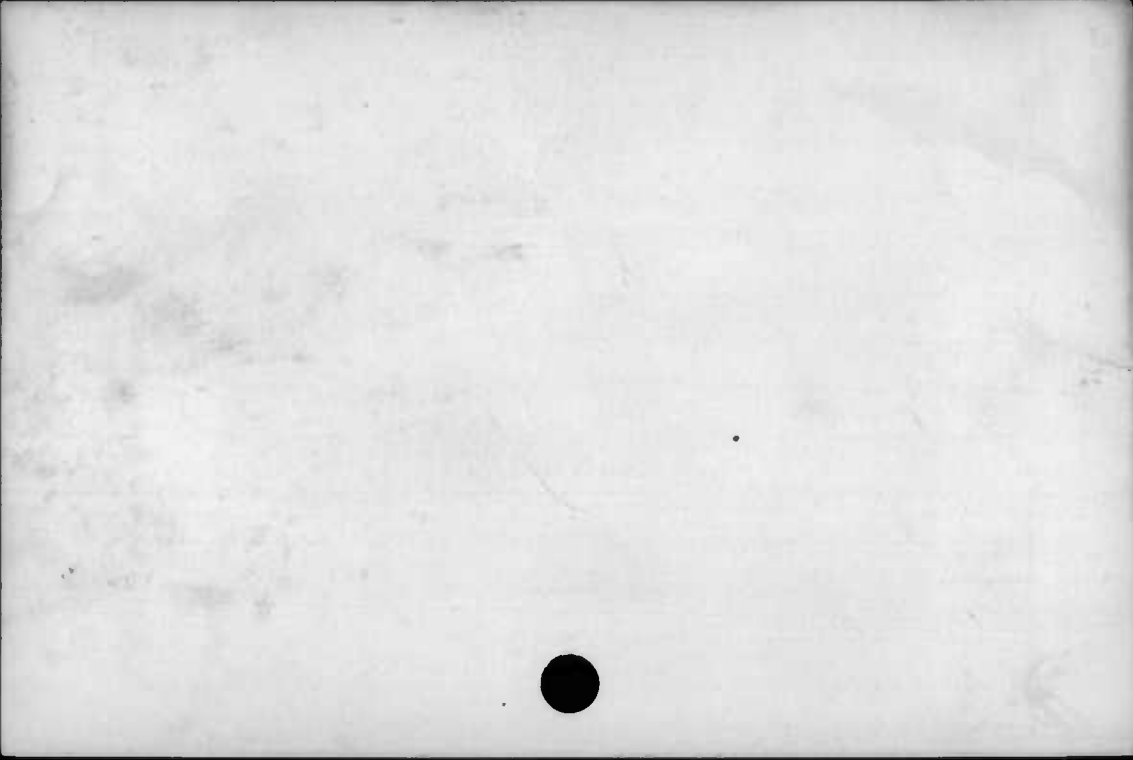
Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i>		Town		County <i>Hartford</i>		STATE <i>MARYLAND</i>	
Date of death 190	<i>7</i>	Month	<i>April</i>	Day	<i>2</i>	Age	<i>48</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind.</i>
Married, <del>Single</del> <del>or Widowed</del>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>George Z. Klein</i>							
Father's Name <i>Jaynes Morgan</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Ingram J. Hollander</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>George Z. Klein</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>4 days -</i>
Immediate	<i>Exhausted Heart -</i>	How long	<i>1 day -</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>A. F. Van Tassel</i>	
Address		<i>Bel Air</i>	
Accident or Suicide?		<i>No</i>	

Friendship

Name  
in  
Full

Wm. Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

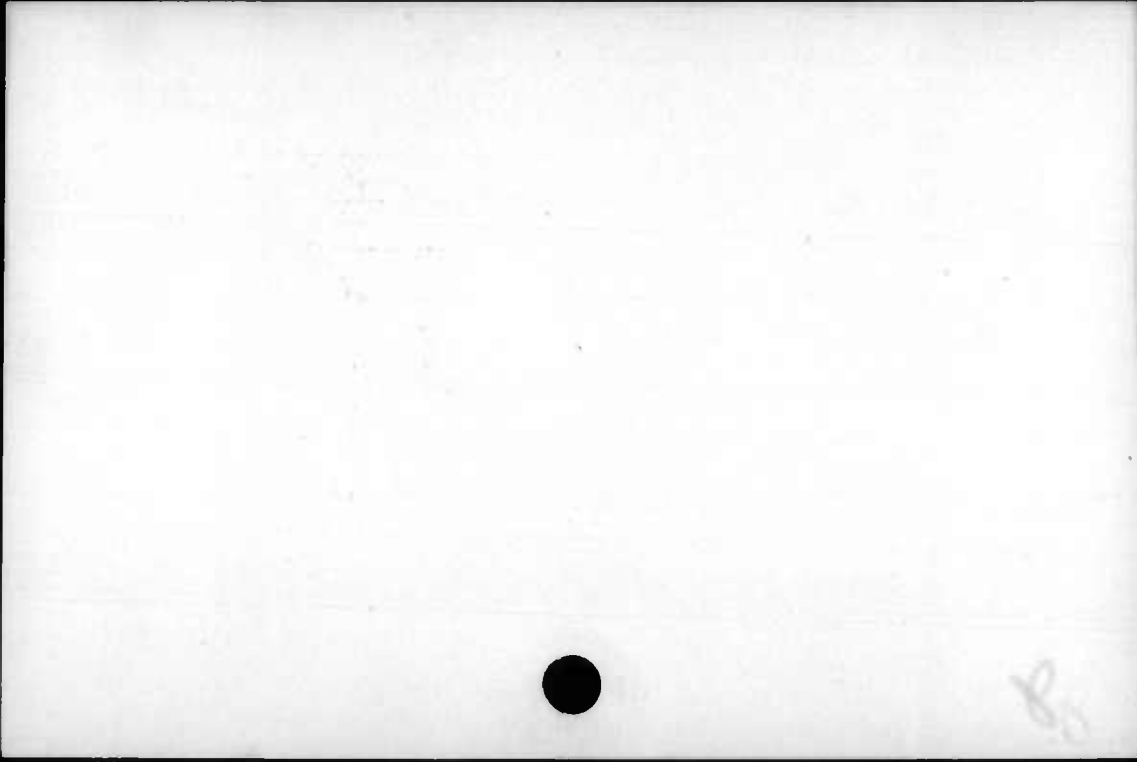
Died at <i>Halvinia</i>		Town		<i>Hayford</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>21</i>	Age <i>5</i>	Years	Months <i>10</i>	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hayford Co.</i>						
Occupation			Where Residing if not at place of death						
Married, Single or Widowed			Name of Wife or Husband						
Father's Name <i>Robt. Lewis</i>			Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Mary Corn</i>			Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Robt. Lewis</i>			How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Lee Hughes</i>
		Address <i>First Hill Ind.</i>
Accident or Suicide?		

27





Name  
in  
Full

Robert M. C. Causland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

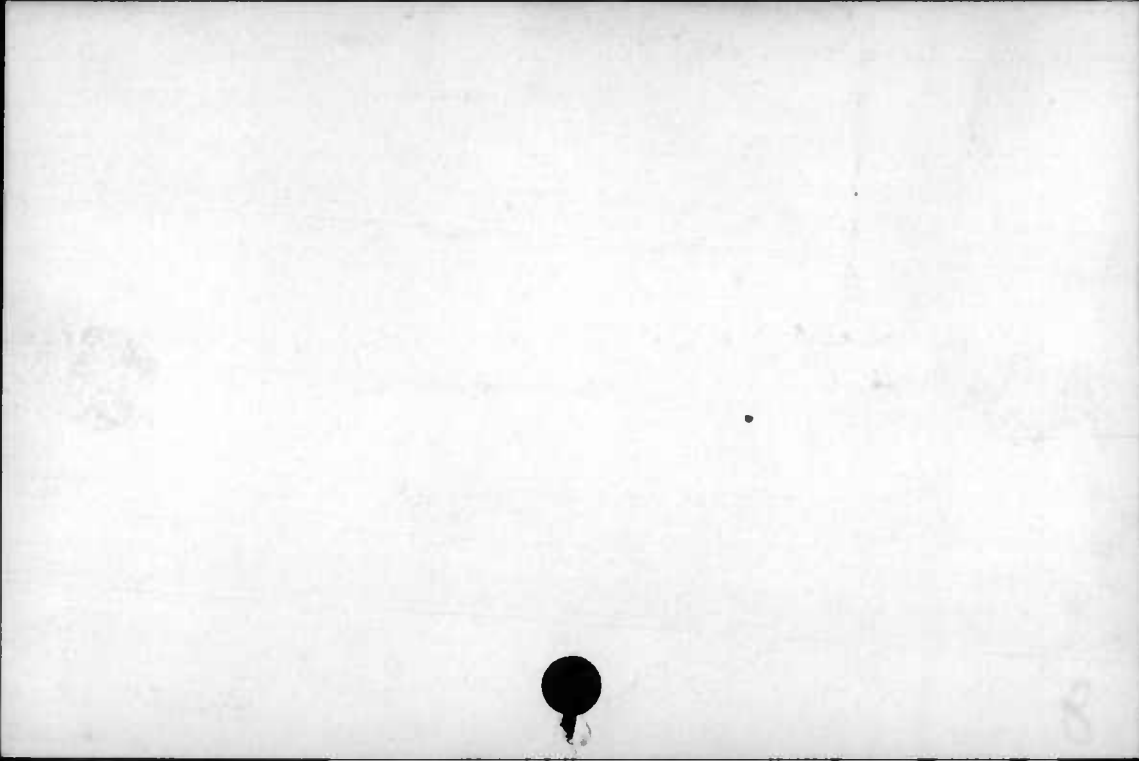
Died at <u>Harlington</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Apr.</u>	Day <u>12</u>	Age <u>75</u> Years	Months <u>9</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Harford Co.</u>		
Occupation <u>---</u>			Where Residing if not at place of death <u>---</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>---</u>			
Father's Name <u>Robert M. C. Causland</u>		Father's Birthplace <u>Harford Co.</u>			
Mother's Maiden Name <u>Ann Higginbotham</u>		Mother's Birthplace <u>Ireland.</u>			
Name of person giving information <u>Mrs. J. S. Hopkins</u>		How related to deceased <u>Sister.</u>			

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary	<u>Senile Gangrene</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Tobias</u>
		Address <u>Castleton, Md.</u>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

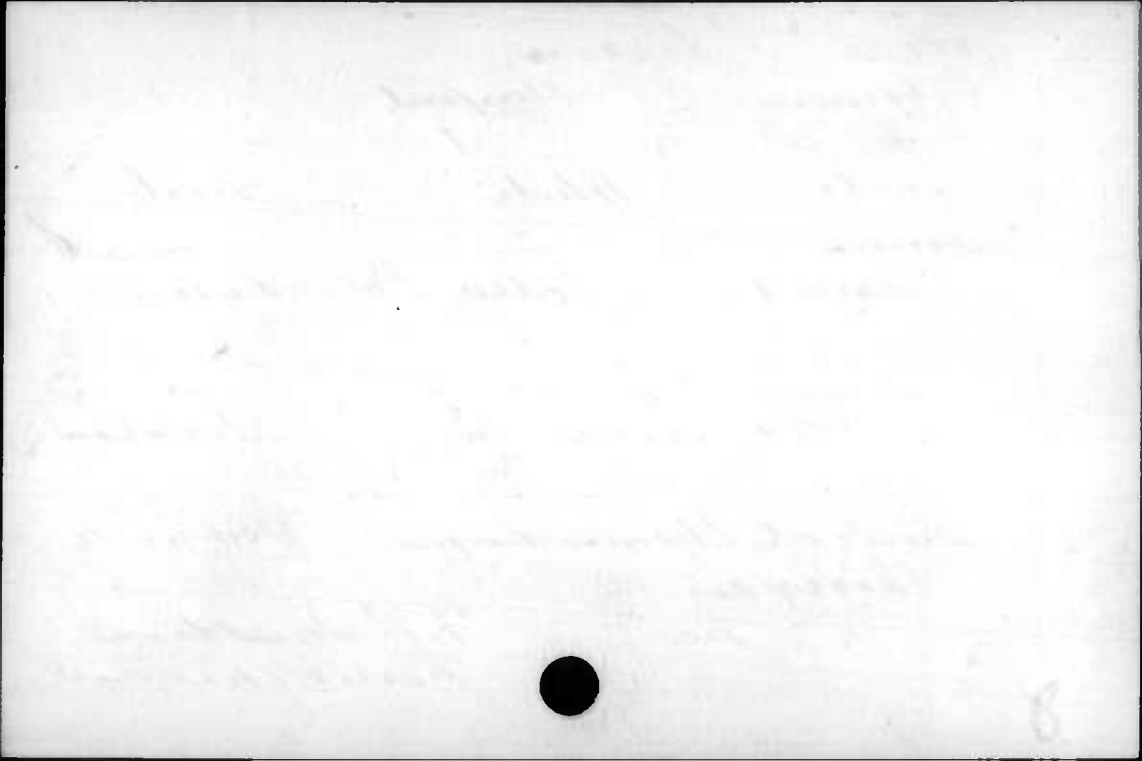
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hess,</i>		Town		<i>Morgan</i> County		MAYLAND	
Date of death <i>1907</i>	Month <i>apr.</i>	Day <i>22</i>	Age <i>←</i>	Years <i>←</i>	Months <i>←</i>	Days <i>←</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Hess</i>				
Occupation <i>←</i>			Where Residing if not at place of death <i>←</i>				
Married, Single or Widowed <i>←</i>			Name of Wife or Husband <i>←</i>				
Father's Name <i>Robert E. L. Morgan</i>				Father's Birthplace <i>Sandy Hook, Md.</i>			
Mother's Maiden Name <i>Lillian C. Eichellberger</i>				Mother's Birthplace <i>Cockeysville, Md.</i>			
Name of person giving information <i>Robert E. L. Morgan</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>} still born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. H. Emory Jr., D.</i>	
		Address <i>Monteton</i>	
Accident or Suicide? <i>←</i>		<i>Md.</i>	



Name  
in  
Full

Elias Peterson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bryman</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>18</i>	Age <i>81</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Julia Peterson</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Geo Jones</i>	How related to deceased <i>Son-in-law</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>One week</i>
Immediate <i>Paralysis</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill, Ind.</i>
Accident or Suicide? <i>8</i>	

St. Ignace Church.

Name  
in  
Full

Bertha Mary Louise Preston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Bel Air <sup>County</sup> Harford. MARYLAND

Date of death 1907 4 27 Age Years Months Days 17

Sex Female Color or Race Black Birth-place Bel Air

Occupation Where Residing if not at place of death

~~Married~~, Single Name of Wife or Husband

Father's Name Ernest Jerome Preston Father's Birthplace Bel Air

Mother's Maiden Name Bertha E. Harrett Mother's Birthplace Bel Air

Name of person giving information Ernest J. Preston How related to deceased Father.

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

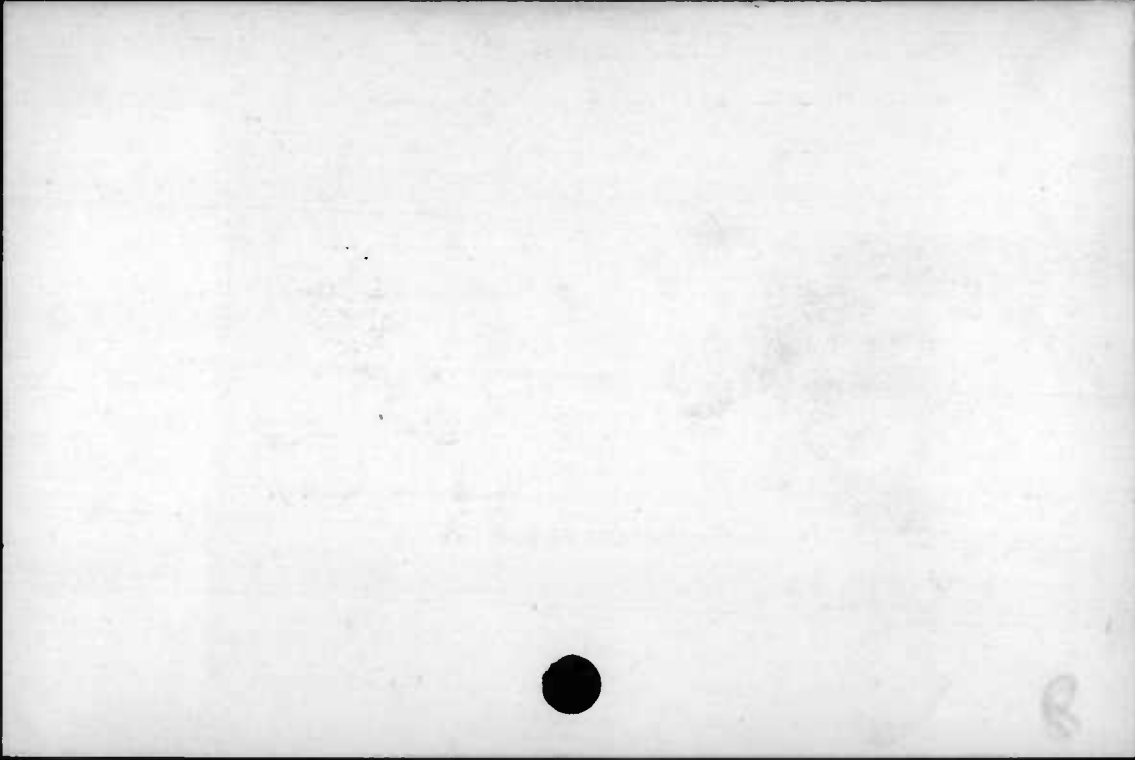
Primary Premature Birth How long 6 weeks

Immediate Inanition How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Russell D. Applegate

Address Bel Air

Accident or Suicide?





Name  
in  
Full

Alphonso Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

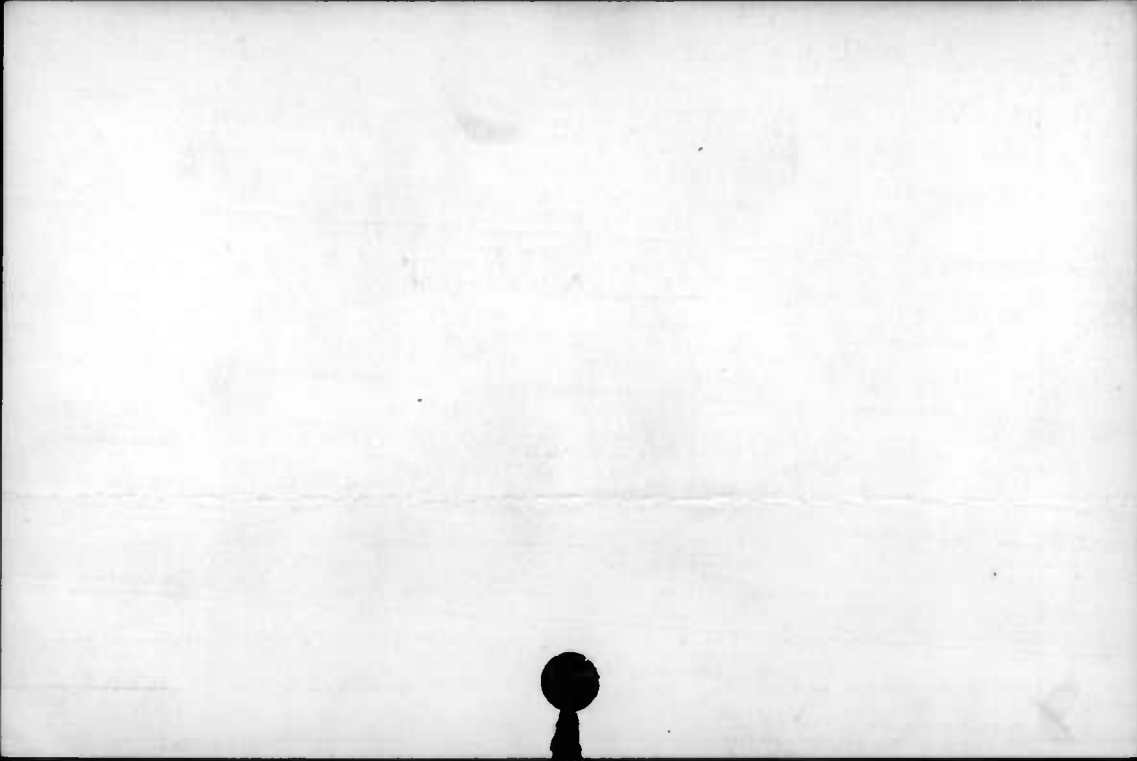
Died at <i>Near Wilna</i>		Town		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>4</i>	Age <i>76</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Wilna Harford Co.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Wilna</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jane M. Robinson</i>						
Father's Name <i>Wm. Robinson</i>	Father's Birthplace <i>Harford Co.</i>						
Mother's Maiden Name <i>Margaret Pierce</i>	Mother's Birthplace <i>Harford Co.</i>						
Name of person giving information <i>A. Scott Robinson</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Disease</i>	How long <i>Several years</i>
Immediate <i>Edema of lungs</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Kessler M.D.</i>
	Address <i>Franklinville Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Rebecca Elizabeth Ruff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bel Air Town Harford County

Date of death 1907 Month 4 Day 17 Age 11 Years 14 Months 11 Days 14

Sex Female Color or Race White Birth-place Harford Co.

Occupation \_\_\_\_\_ Where Residing if not at place of death Bel Air

☒ Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

James H. Ruff

Father's Birthplace

Ma

Mother's Maiden Name

Rebecca Riggs Gibbs

Mother's Birthplace

Pa

Name of person giving information

James H. Ruff

How related to deceased

Father

## CAUSES OF DEATH

**146**

Primary

Rachitis Bron. Asthma

How long

3 weeks

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Purnell D. Dappington

Address

Bel Air

Accident or Suicide?

Wattles Meeting House.

Name  
in  
Full

Viola Steward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

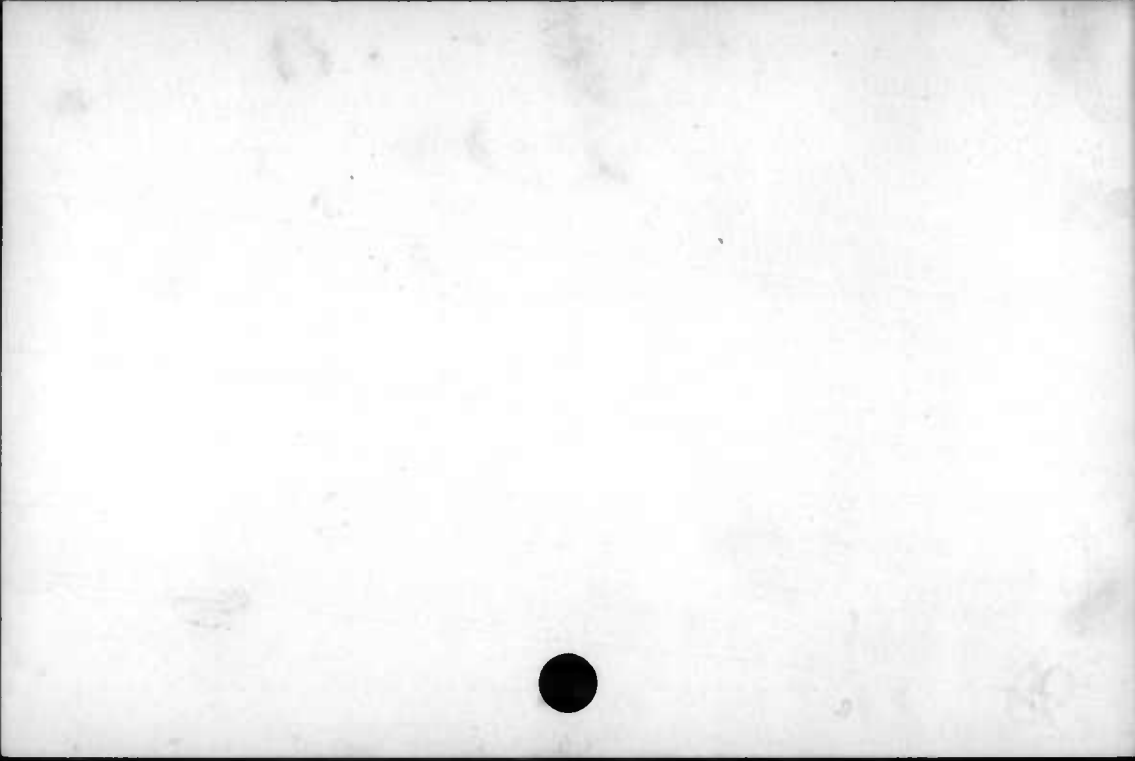
Died at <i>Wilna</i> <sup>Town</sup>			<i>Harford</i> <sup>County</sup>			MARYLAND	
Date of death 190 <i>7</i>	<i>4</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>6</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>10</i> <sup>Days</sup>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Conn</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Unknown</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary Steward</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Wesley Conklin</i>				How related to deceased <i>Cousin</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>General Tubercular Infection.</i>	How long <i>don't know</i>
Immediate <i>Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>G. F. Van Bibber, M.D.</i>
	Address <i>134 Air</i>
Accident or Suicide? <i>No.</i>	<i>Md.</i>



Name  
in  
Full

Peter Summers Jr. Harford Co

CERTIFICATE OF DEATH

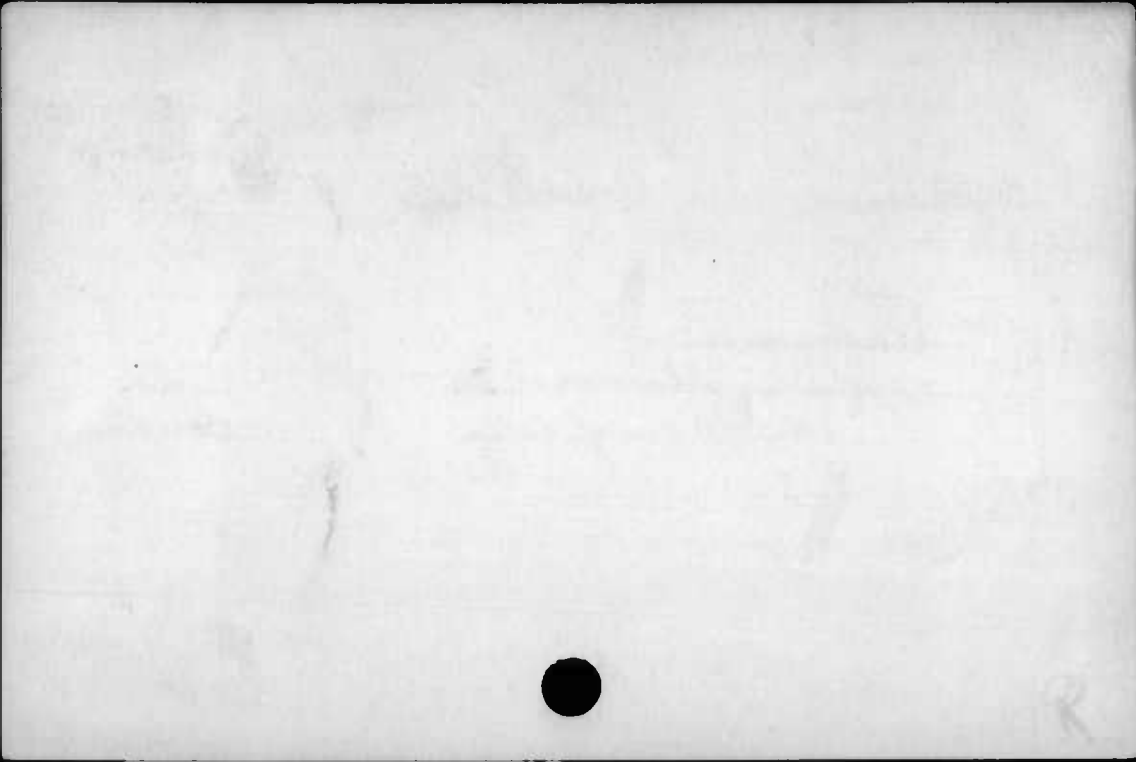
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harvrs de Grace</i> <sup>Town</sup>		<i>Harford Co</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	April	Day	21
		Age	46	Years	
Sex	Male	Color or Race	White	Birth-place	Harvrs de Grace
Occupation	Fisherman		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name	Peter Summers Sr			Father's Birthplace	Harford Co
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Sister			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>a few hours</i>
Immediate	"	How long	" " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>W. C. Prother</i>	
		Address	
		<i>Harvrs de Grace</i>	
Accident or Suicide?			





Name  
in  
Full

Alverda Tittle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

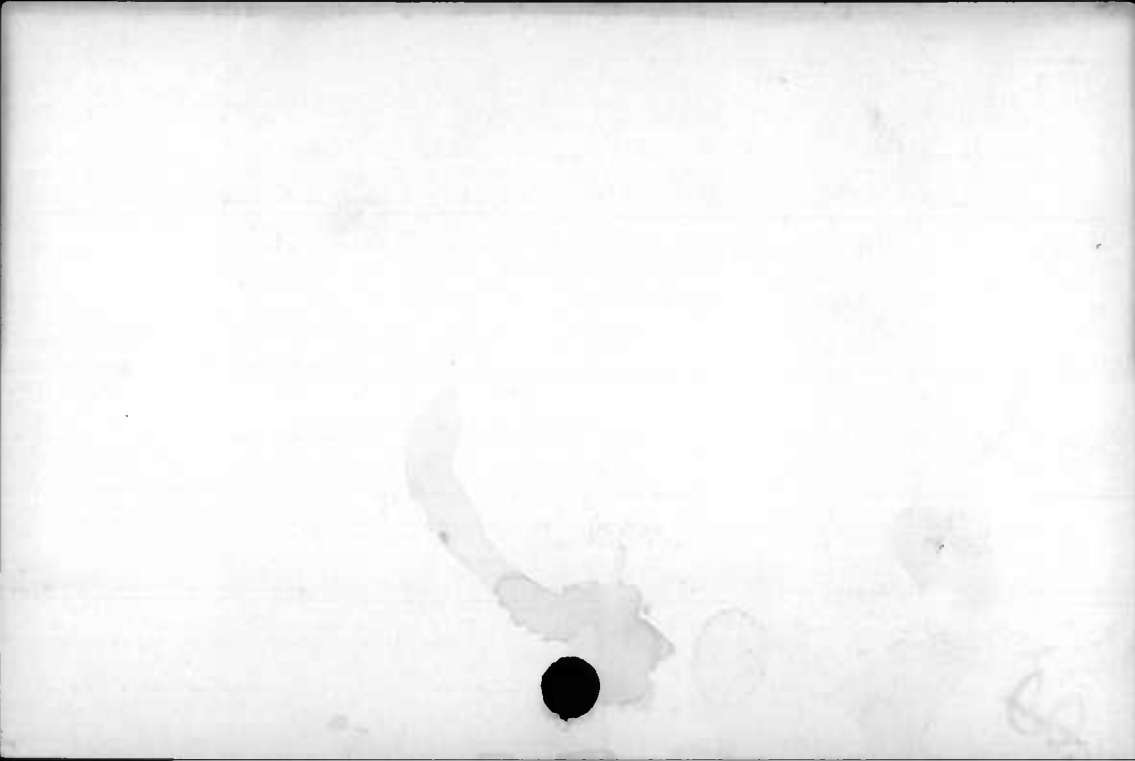
Died at <i>Madona</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>23</i>	Years <i>53</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cockeysville Md</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Nelson Tittle</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Laura Smith</i>		How related to deceased <i>Step daughter</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>1 year</i>
Immediate	<i>Heart failure &amp; exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Osceola J. McNamee</i>	
		Address <i>Garrettsville</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

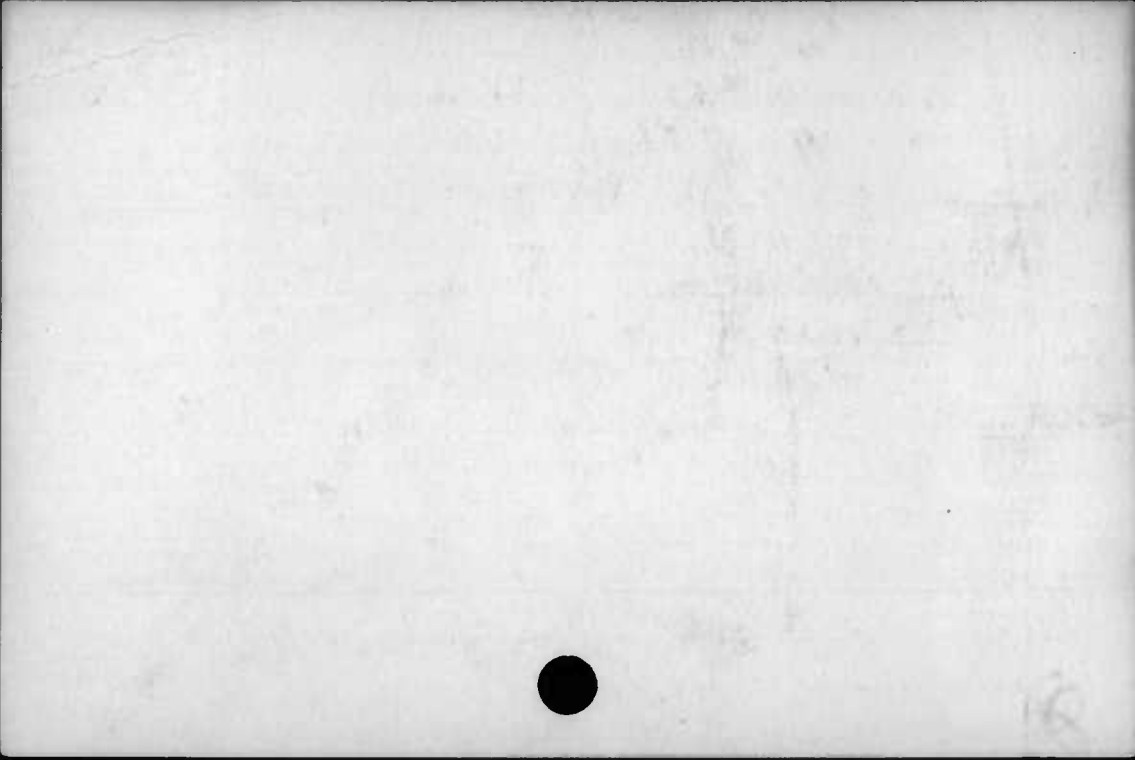
Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>	Day <i>16</i>	Age <i>13</i>	Years <i>11</i>	Months <i>05</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Pickersville Baltimore</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>A Henry Wright</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Elizabeth Montgomery</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>A H Wright</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

**(48)**

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism</i>	How long	
Immediate	<i>Heart Failure</i>	How long	<i>Six Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Otter</i>	
		Address <i>Cumyran Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

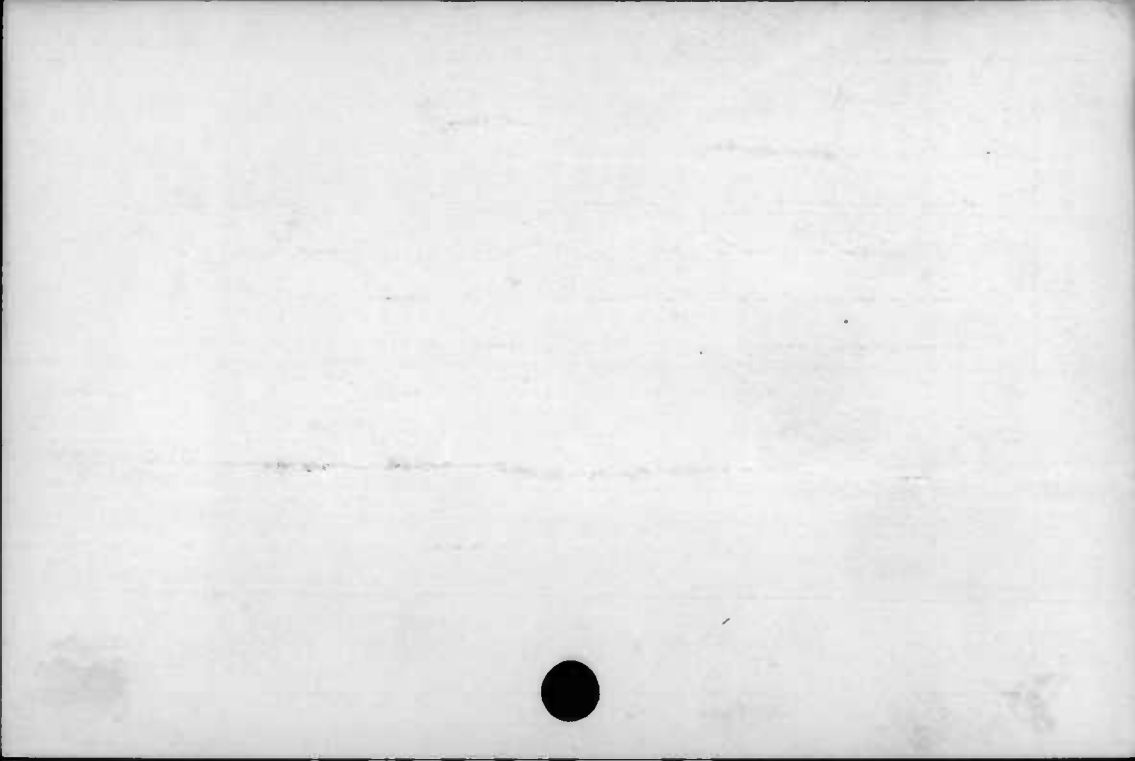
Name in Full <i>Pegina Magdalena Wuter</i>		Town <i>Edgewood</i>		County <i>Starford</i>		MAYLAND	
Died at <i>Edgewood</i>		Date of death 1907 <i>7</i>		Month <i>Apr</i>		Day <i>19</i>	
Age <i>61</i>		Years <i>61</i>		Months <i>9</i>		Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Nicholas Wuter</i>							
Father's Name <i>Pierand Jaser</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Katherine Wagle</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Minnie Wuter</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

(81)

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>3 years</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Roth</i>
	Address <i>Edgewood Md</i>
Accident or Suicide?	



Name  
in  
Full

Isaac Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Michaelville</u>		County <u>Harford</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>19</u>	Age <u>68</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Farm Hand</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Welch</u>				
Father's Name <u>Edward Welch</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Viola Bell</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Lucius B. Holland</u>			How related to deceased <u>Niece</u>		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Bug bite disease How long 3 Wks.

Immediate Heart failure

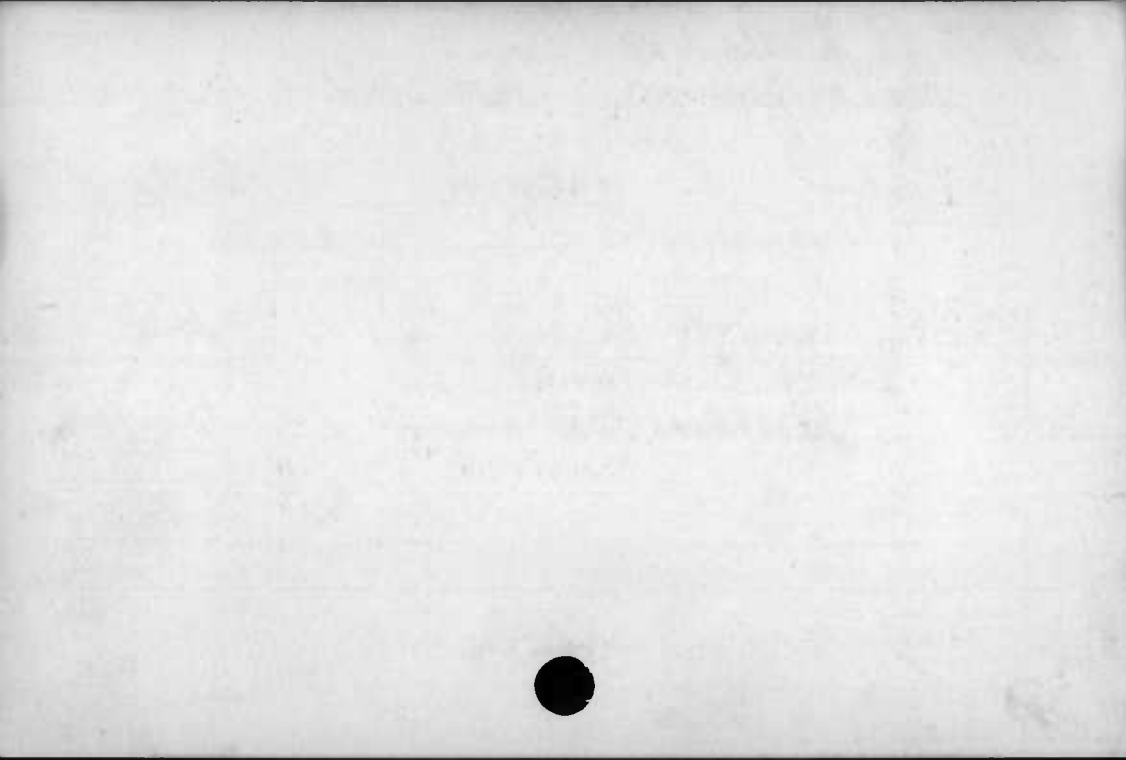
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Hines  
Princeton

Accident or Suicide?





Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Kalmar* <sup>Town</sup> *Harford* <sup>County</sup>  
 Date of death 190 *7* <sup>Month</sup> *4* <sup>Day</sup> *21* <sup>Year</sup> *34* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *Black* Birth-place *Ind.*  
 Married, Single or Widowed *Widowed* Occupation *Laborer*  
 Name of Wife or Husband *Lizzie Smith*  
 Father's Name *Henry Williamson* Father's Birthplace *Ind.*  
 Mother's Maiden Name *Mary E. Smith* Mother's Birthplace *"*  
 Name of person giving information *Josephine Williamson* How related to deceased *Daughter*

## CAUSES OF DEATH

How long

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

